

- FOR OFFICE USE ONLY -	
RECEIPT #	_____
TOTAL FEE	_____
AMOUNT PAID TODAY	_____
REM. BALANCE	_____
DATE REM. BALANCE DUE	_____

**JOHN D. FULLER, SR., RECREATIONAL/ATHLETIC COMPLEX
RESERVATION REQUEST FORM**

This form must be completed each time you wish to reserve a John D. Fuller, Sr. Recreational/Athletic Complex area that is available for reservation. No reservation can be confirmed until this form is completed, signed and returned to the Complex Director, or an authorized designee. Reservations must be made in person.

DATE OF USE REQUESTED: _____

HOURS OF USE REQUESTED: From: _____ To: _____

AREA DESIRED TO BE USED: _____

NUMBER OF TABLES: Round: _____ Rectangle: _____ Number of Chairs: _____

TYPE OF ACTIVITY: _____

BUSINESS/GROUP REPRESENTED: _____

APPROX. # OF PARTICIPANTS: _____

PERSON RESPONSIBLE: _____

ADDRESS: _____

WORK PHONE: _____ HOME PHONE: _____

Signature: _____ Date: _____

Notes: _____ _____ _____

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Approved _____	Not Approved _____
Reason Not Approved: _____	
Authorized Signature: _____	Date: _____